

ISSUE SLIP STAMP AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>C. D. C.</i>	<i>12</i>	<i>11-28-01</i>
O.T.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

☒ Rejected
☒ Allowed
☒ Canceled
☒ Restricted
☐ Non-elected
☐ Interference
☐ Appeal
☐ Objected

Claim	Date	Claim	Date	Claim	Date
1		31		61	
2		32		62	
3		33		63	
4		34		64	
5		35		65	
6		36		66	
7		37		67	
8		38		68	
9		39		69	
10		40		70	
11		41		71	
12		42		72	
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31		61		91	
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36		66		96	
37		67		97	
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39		69		99	
40		70		100	
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42		72		102	
43		73		103	
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47		77		107	
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51		81		111	
52		82		112	
53		83		113	
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77		107		137	
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79		109		139	
80		110		140	
81		111		141	
82		112		142	
83		113		143	
84		114		144	
85		115		145	
86		116		146	
87		117		147	
88		118		148	
89		119		149	
90		120		150	

If more than 150 claims or 10 actions
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